



URBAN DISTRICT OF  
WOMBWELL



REPORT

ON THE

HEALTH AND SANITARY  
ADMINISTRATION

OF THE

URBAN DISTRICT  
FOR THE YEAR 1950

BY

R. S. HYND

M.B., Ch.B., D.P.H.

MEDICAL OFFICER OF HEALTH.







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## **PUBLIC HEALTH COMMITTEE.**

Chairman of the Council: Councillor P. Turner, J.P.

Chairman : County Alderman J. W. Mellor, J.P.

Councillor Mrs. E. Mellor and Messrs. Councillors T. Bird,  
C. Jones, J. Rose, W. Tart and E. Wainwright.

## **PUBLIC HEALTH STAFF.**

### **Medical Officer of Health :**

R. S. Hynd, M.B., Ch.B., D.P.H.

### **Medical Officer of Wombwell Welfare Clinic :**

L. Taylor, M.R.C.S., L.R.C.P.

### **Medical Officer of Jump Welfare Clinic :**

J. H. Fairclough, M.B., Ch. B.

### **Medical Officers of Wombwell Ante-Natal Clinic :**

W. G. S. Maxwell, M.B., B.Ch., B.A.O.

E. G. Matthews, M.R.C.S., L.R.C.P.

### **Chief Sanitary Inspector :**

H. Ward, Cert. R.S.I., M.S.I.A.

### **Assistant Sanitary Inspector :**

J. Finney, Cert. S.I.B., M.S.I.A.

### **Senior Health Visitor :**

E. Barlow, S.R.N., S.C.M., H.V. Cert.

### **Health Visitors :**

F. Whittlestone, S.R.N., S.C.M., H.V. Cert.

I. Royston, S.R.N., S.C.M., H.V. Cert.

B Woolley, S.R.N.

### **Tuberculosis Health Visitor :**

D. E. Todd, S.R.N.

### **Clinic Nurse :**

E. Taylor, S.R.N., S.C.M.

### **Senior Clerk, Divisional Health Office :**

L. S. Wrigg.



# WOMBWELL URBAN DISTRICT COUNCIL

Divisional Health Office,

The Gables,

WOMBWELL.

September, 1951.

## ANNUAL REPORT

for the year ended 31st December, 1950.

To the Chairman and Members of the  
Wombwell Urban District Council.

Mr. Chairman, Councillor Mrs. Mellor and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1950. Included in the report are some details concerning the County Services for which, as Divisional Medical Officer, I am responsible and in which I know you are interested.

The Registrar General supplied for 1950 a comparability factor for both births and deaths in the district. This allows these rates to be compared with similar adjusted rates for other districts and with the rates for the country, a comparison which permits the vital statistics to be seen in clearer perspective.

The adjusted death rate was lower than the previous year and more closely conformed to the rate for England and Wales. The adjusted birth rate showed an increase over the previous year and was considerably higher than the rate for the country as a whole which further declined in 1950. Perhaps the most encouraging feature of the vital statistics was the decline in the infant mortality rate. Wastage of infant lives is always deplorable and casts a reflection not only on the social conditions of the district but on the attitude of the community towards health and disease. While we must be thankful for every reduction in mortality and morbidity we must never be satisfied until all preventable illnesses have been abolished.

The incidence of notifiable infectious diseases was appreciably higher than in 1949 due mainly to a sharp epidemic of Measles in the final quarter of the year and the increased incidence of Whooping Cough. Apart from Tuberculosis the increased incidence gave no cause for alarm.



I would like to take this opportunity to thank the Chairman and Members of the Public Health Committee for the courtesy and many kindnesses they have shown, the Chief Sanitary Inspector and his staff for their help and co-operation and the staff of the divisional health office for their loyal support.

I am,

Your obedient servant,

R. S. HYND,  
Medical Officer of Health.



## URBAN DISTRICT OF WOMBWELL

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### Statistics and Social Conditions :

Area	... ..	3,850 acres
Population (Census 1931)	... ..	18,365
Registrar General's estimate of population mid 1949	... ..	18,710
Registrar General's estimate of population mid 1950	... ..	18,790
No. of inhabited houses according to rate book		5,259
Rateable Value	... ..	£68,732
Nett product of a Penny Rate	... ..	£255

The soil of the district consists of marl and clay with a sandy sub-soil resting on the shales and sandstones of the coal measures. The surface is undulating and the average height above sea level is 200-ft. The chief occupations of the population are coal mining, textile manufacturing, the manufacture of by-products from coal, engineering and printing. Coal Mining is by far the largest source of employment.

### VITAL STATISTICS.

#### Births.

The number of births registered during the year was 366 of whom 180 were males and 186 females. This number is 28 more than in 1949. There were 11 illegitimate births, 5 males and 6 females or 3·00% of the total births registered. The ratio of legitimate to illegitimate births was 33·27 to 1. The Registrar General supplied a comparability factor for the births in 1950, a factor which relates the proportion of women of child bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which can be compared with similar adjusted birth rates in other districts and with the birth rate for the country as a whole. The crude birth rate for your district last year was 19·5 per 1,000 estimated population as compared with 18·1 per 1,000 estimated in 1949. The adjusted birth rate was 20·1 per 1,000 estimated population which compares with a birth rate of 15·8 per 1,000 estimated population for England and Wales.

The excess of births over deaths or the natural increase of population was 179 as compared with 139 for the previous year.

Still Births

There were 10 still births during the year, the same number as in 1949. The still birth rate showed a decrease from 28.73 per 1,000 total live and still births in 1949 to 26.59 last year.

There were no illegitimate still births.

BIRTH RATE.

Year	BIRTHS			Rate per 1,000 population		
	Males	Females	Total	Wombwell		England & Wales
				Adjusted	Crude	
1946	205	195	400		22.02	19.1
1947	252	196	448		24.3	20.5
1948	193	204	397		21.34	17.9
1949	180	158	338		18.06	16.7
1950	180	186	366	20.1	19.5	15.8

BIRTHS IN THE WARDS.

Year	S.E.	S.W.	C.	N.	H.	Total
1946	56	137	56	63	88	400
1947	65	167	72	45	99	448
1948	47	149	56	57	88	397
1949	40	147	45	38	68	338
1950	50	147	50	45	74	366

STILL BIRTHS.

Year	Still Births	Total Births Live and Still	Percentage of Still Births to Total Births
1946	8	408	1.95
1947	14	462	3.03
1948	8	405	1.97
1949	10	348	2.87
1950	10	376	2.65

Deaths.

The total number of deaths last year, including deaths of residents dying outside the district but excluding non-residents who died in the district, was 187, 105 males and 82 females. The adjusted death rate, which is obtained by multiplying the crude death rate by the comparability factor supplied by the Registrar General was 11.8 per 1,000 estimated population compared with a similar rate of 12.66 per 1,000 estimated population for the previous year. The death rate for England and Wales was 11.6 per 1,000 estimated population.

The total number of deaths was 12 less than in 1949 with a decrease in the number of deaths of both males and females.

### Causes of Death.

The principal causes of death were in the following order of numerical importance; Heart and circulatory diseases, cancer and Repiratory diseases.

There were 6 enquiries held by the Coroner in Wombwell during the year. The causes of death as revealed by the inquest were: heart and circulatory diseases (3): Misadventure (2): Repiratory Disease (1). Post mortem examinations were made in 8 instances.

### Infantile Mortality.

The number of deaths in infants under 1 year of age was 12 as against 14 in 1949. The death rate among infants was 32.8 per 1,000 live births as compared with 41.4 for the previous year and with 30 for England and Wales. 5 deaths or 41.6% of the total infant deaths occurred within the first month of life.

The reduction in infantile mortality is encouraging but nevertheless there is still room for further improvement which will only be realised when the standard of mothercraft of the majority is attained by all.

### Maternal Mortality.

I am glad to record that no death due to maternal causes occurred during the year.

### DEATH RATES.

Year	No. of Deaths	Male	Fem'le	Rate per 1,000 population		
				Wombwell		England and Wales
				Crude	Adjusted	
1946	165	106	59	9.07	—	11.5
1947	172	108	64	9.40	—	12.0
1948	193	107	86	10.37	—	10.8
1949	199	108	91	10.64	12.66	11.7
1950	187	105	82	10.0	11.8	11.6



## DEATHS IN WARDS.

Year	S.E.	S.W.	C.	N.	H.	Total
1946	18	64	27	24	32	165
1947	17	65	25	23	42	172
1948	24	65	36	25	43	193
1949	21	64	38	29	47	199
1950	18	76	30	24	39	187

## DEATHS IN AGE GROUPS.

	Males	Females	Total
Under 1 year	8	4	12
1— 5 years	1	2	3
5—10 years	—	—	—
10—15 years	2	—	2
15—20 years	1	—	1
20—25 years	1	—	1
25—35 years	1	3	4
35—45 years	3	2	5
45—55 years	9	7	16
55—65 years	18	7	25
65—70 years	15	10	25
70—75 years	17	19	36
75—80 years	14	14	28
80—85 years	8	9	17
85—90 years	6	2	8
90 and over	1	3	4
TOTALS	105	82	187

Causes of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under one month	1-3 months	3-6 months	6-9 months	9-12 months	Total under one year
Prematurity	2	1	—	—	3	1	—	—	—	4
Pneumonia	—	—	—	—	—	2	2	—	—	4
Gastro-Enteritis	—	—	—	1	1	—	1	—	—	2
Haemorrhagic Disease of Newborn	—	1	—	—	1	—	—	—	—	1
Bilateral Acute Otitis Media	—	—	—	—	—	1	—	—	—	1
TOTAL	2	2	—	1	5	4	3	—	—	12

Birth Rates, Death Rates, Analysis of Mortality, Maternal Mortality  
and Case Rates for certain infectious Diseases in the Year 1950.  
(Provisional Figures based on Quarterly Returns.)

	Wombwell U.D.C.	England and Wales	126 C.B.'s and great towns including London	148 smaller towns, res. pop. 25,000 —50,000 at 1931 census	London Admin. County
Rates per 1,000 Home Population					
<b>Births :</b>					
Live Births .....	20·1	15·8	17·6	16·7	17·8
Still Births .....	0·53	0·37	0·45	0·38	0·36
<b>Deaths :</b>					
All Causes .....	11·8	11·6	12·3	11·6	11·8
Typhoid and Para- typhoid Fever .....	0·00	0·00	0·00	0·00	0·00
Whooping Cough .....	0·00	0·01	0·01	0·01	0·01
Diphtheria .....	0·00	0·00	0·00	0·00	0·00
Tuberculosis .....	0·37	0·36	0·42	0·33	0·39
Influenza .....	0·05	0·10	0·09	0·10	0·07
Smallpox .....	—	—	—	—	—
Acute Poliomyelitis (including Polio- encephalitis) .....	0·00	0·02	0·02	0·02	0·01
Pneumonia .....	0·37	0·46	0·49	0·45	0·48
<b>Notifications (corrected)</b>					
Typhoid Fever .....	0·05	0·00	0·00	0·00	0·01
Paratyphoid Fever .....	0·00	0·01	0·01	0·01	0·01
Meningococcal Infection .....	0·05	0·03	0·03	0·02	0·03
Scarlet Fever .....	1·01	1·50	1·56	1·61	1·23
Whooping Cough .....	7·39	3·60	3·97	3·15	3·21
Diphtheria .....	0·00	0·02	0·03	0·02	0·03
Erysipelas .....	0·53	0·17	0·19	0·16	0·17
Smallpox .....	0·00	0·00	0·00	—	—
Measles .....	19·53	8·39	8·76	8·36	6·57
Pneumonia .....	0·85	0·70	0·77	0·61	0·50
Acute Poliomyelitis (including Polio- encephalitis)					
Paralytic .....	0·05	0·13	0·12	0·11	0·08
Non-Paralytic .....	0·00	0·05	0·05	0·06	0·05
Food Poisoning .....	0·05	0·17	0·16	0·14	0·25
Rates per 1,000 Live Births					
<b>Deaths :</b>					
All causes under 1 year of age .....	32·7	29·8	33·8	29·4	26·3
Enteritis & Diarrhoea under 2 years of age .....	—	1·9	2·2	1·6	1·0
Rates per 1,000 Total (Live & Still) Births					
<b>Notifications (corrected)</b>					
Puerperal Fever and Pyrexia .....	2·65	5·81	7·43	4·33	6·03
MATERNAL MORTALITY IN ENGLAND AND WALES					
International List No. and cause	Rates per 1,000 Total (Live and Still) Births		Rates per million women aged 15-44		
651. Abortion with Sepsis ..	0·09		7		
650, 652. Other Abortion ..	0·05		4		
640-649, 670-678. Complication of Pregnancy and Delivery ..	0·54		—		
681. Sepsis of Childbirth and the Puerperium .....	0·03		—		
680, 682-689. Other complications of the Puerperium .....	0·15		—		



## PRINCIPAL CAUSES OF DEATH.

CAUSE		Male	Fe- male	Total
1.	Tuberculosis, Respiratory .....	6	—	6
2.	Tuberculosis, other .....	1	—	1
3.	Syphilitic Disease .....	1	—	1
4.	Diphtheria .....	—	—	—
5.	Whooping Cough .....	—	—	—
6.	Meningococcal Infection .....	—	—	—
7.	Acute Poliomyelitis .....	—	—	—
8.	Measles .....	—	—	—
9.	Other Infective and Parasitic Diseases .....	—	—	—
10.	Malignant Neoplasm, Stomach .....	3	9	12
11.	Malignant Neoplasm, Lung, Bronchus .....	4	1	5
12.	Malignant Neoplasm, Breast .....	1	6	7
13.	Malignant Neoplasm, Uterus .....	—	2	2
14.	Other Malignant and Lymphatic Neoplasms .....	7	1	8
15.	Lukaemia, Alukaemia .....	—	—	—
16.	Diabetes .....	—	5	5
17.	Vascular Lesions of the Nervous System .....	4	5	9
18.	Coronary Disease, Angina .....	10	3	13
19.	Hypertension with Heart Disease .....	1	—	1
20.	Other Heart Disease .....	29	21	50
21.	Other Circulatory Disease .....	4	3	7
22.	Influenza .....	1	—	1
23.	Pneumonia .....	4	3	7
24.	Bronchitis .....	2	6	8
25.	Other Diseases of Respiratory System .....	2	1	3
26.	Ulcer of Stomach and Duodenum .....	—	1	1
27.	Gastritis, Enteritis and Diarrhoea .....	1	1	2
28.	Nephritis and Nephrosis .....	2	1	3
29.	Hyperplasia of Prostate .....	2	—	2
30.	Pregnancy, Childbirth, Abortion .....	—	—	—
31.	Congenital Malformations .....	2	—	2
32.	Other defined and ill-defined diseases .....	12	11	23
33.	Motor Vehicle Accidents .....	2	—	2
34.	All other accidents .....	4	2	6
35.	Suicide .....	—	—	—
36.	Homicide and operations of war .....	—	—	—
TOTAL .....		105	82	187

# PRINCIPAL VITAL STATISTICS FOR THE YEAR 1950

Based on the Registrar General's Figures

	Wombwell Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (prov'al figures)
Birth rate per 1,000 estimated population				
Crude .....	19.5	15.9	16.3	15.8
Adjusted .....	20.1	16.2	—	—
Death Rate per 1,000 estimated population				
Crude .....	10.0	12.4	11.8	11.6
Adjusted .....	11.8	12.7	—	—
Infective and Parasitic Disease excluding Tuber- culosis but including Syphilis and other V.D.	0.05	0.10	0.10	not available
Tuberculosis, respiratory	0.32	0.26	0.26	0.32
Tuberculosis, other .....	0.05	0.04	0.04	0.04
Tuberculosis all forms .....	0.37	0.30	0.30	0.36
Cancer .....	1.81	1.94	1.83	1.99
Vascular Lesions of the Nervous System .....	0.48	1.70	1.59	not available
Heart and Circulatory .....	3.78	4.66	4.39	do.
Respiratory Diseases .....	1.01	1.26	1.18	do.
Maternal Mortality .....	—	0.95	0.98	0.86
Infant Mortality .....	33	33	35	30
Still Births .....	27	24	24	not available

## General Provision of Health Services in the Area.

The duty of providing residential accommodation for the aged and infirm and those in need of care and attention was discharged by the County Council. Requests for such accommodation from Wombwell residents were few but those who did make application were accommodated with little delay at one or other of the various hostels and institutions within the County area. I am glad to report that it was not found necessary to take action under Section 47 of the National Assistance Act, 1948.

Comment on the hospital service is not strictly now within my province but as your medical officer of health I cannot but be interested in all the health services of the district whether I am concerned in their administration or not. It is perhaps too soon since the inception of the National Health Service Act to expect a satisfactory balance to have been

struck among the hospital needs of the acute and chronic sick, the infectious diseases and the mental illnesses. The hospital needs of the acute sick of the district, the maternity patients and those suffering from infectious diseases were more than adequately met last year. Admission of tuberculosis patients into sanatoria was accelerated and the time lag between diagnosis and admission materially improved. The provision of hospital beds for the chronic sick was not satisfactory though there was some improvement in the situation towards the end of the year. Perhaps the most urgent need for better hospital provision was among patients suffering from mental illnesses including the more severe forms of mental defectiveness. Nursing a patient suffering from a mental disorder imposes a very considerable strain on the other members of the family and often seriously dislocates the home life. So often such patients need almost constant attention throughout the 24 hours of the day and, while the other members of the family usually accept this heavy burden with great fortitude and give the patient every care, it is not surprising, because of the long duration of many mental illnesses, when eventually they seek assistance and ask for the admission of the patient to hospital. Last year considerable difficulty was experienced in getting hospital vacancies for aged mental patients and for young persons suffering from the more severe forms of mental deficiency and many families suffered considerable strain because of it. The Regional Hospital Board and the Local Management Committees are well aware of the position and it is hoped their efforts to remedy the situation will soon meet with success.

### **General Hospitals.**

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below.

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

### **Infectious Diseases Hospitals.**

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.



## Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals :

St. Helen Hospital, Barnsley.

Montagu Hospital, Mexborough.

Hallamshire Maternity Home, Chapeltown.

Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

## Tuberculosis Scheme.

Throughout the year the closest liaison between the Chest Physician and the Health Department was maintained, a liaison made the stronger by the linkage of the two departments through the work of the Tuberculosis Visitor. She, while officially attached to my staff, worked also with the Chest Physician in his clinics and her work, in no small way, bridged the gap between preventive and curative medicine and welded the work of both departments into one corporate whole. Under Section 28 of the National Health Service Act facilities were given by the County Council for after-care arrangements for tuberculosis patients. On the advice of the Chest Physician extra nourishment in the form of a free-milk allowance was given to those patients for whom it was indicated on medical grounds; and open air shelters, with the loan of the necessary bed and bedding, were provided for suitable cases. The Tuberculosis Visitor, by regular visitation of the homes of all tuberculosis patients, not only looked after the welfare of the patient but kept under surveillance the family contacts and advised on the precautions to be taken against the spread of infection in the family.

I am glad to acknowledge once again the valuable help given me by the Council in granting housing priority to tuberculosis patients where re-housing was indicated as a measure of prevention.

The programme of the clinics held at the Chest Centre, 46, Church Street, Barnsley, is given below.

Wednesdays—10.0 a.m. ~ 12.0 noon.

Wednesdays— 2.0 p.m. ~ 4.0 p.m.

Thursdays —10.0 a.m. ~ 12.0 noon

Thursdays — 2.0 p.m. ~ 4.0 p.m.

Fridays —10.0 a.m. ~ 12.0 noon

### **Venereal Diseases.**

The nearest centre for Wombwell patients for the diagnosis and treatment of these diseases is in Barnsley.

Address : Special Treatment Centre, Queen's Road, BARNSELY.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

### **Ambulance Service.**

Much internal re-organisation of the ambulance service was made in 1950 and the personnel must be congratulated on the excellent service which was provided. The year saw the final replacement of all the old-type ambulances by new vehicles, modern in design and adaptable for both stretcher and sitting patients, and all equipped with radio-telephony. The use of radio-telephonic control not only saved a considerable ambulance mileage but ensured a quicker response to an urgent call than was possible in the past. It is now the proud boast of the local depot that an ambulance can collect an urgent case even from the extreme limits of the collecting area within 15 minutes of the receipt of the call at the depot by re-routing by radio-telephone the nearest ambulance to the spot. For urgent cases reciprocal arrangements with the neighbouring County Boroughs of Sheffield and Barnsley provide for the immediate despatch of the nearest ambulance no matter which authority is responsible for the service, a most praiseworthy example of mutual co-operation and assistance with the interest of the patient put above all other considerations.

While we must be grateful for an efficient ambulance service its continued efficiency must to a large extent depend on the co-operation of the public and the careful use of the service. In my last annual report I commented upon the greatly increased demands on the ambulance service since the introduction of the National Health Service Act, demands which even still further increased in 1950. There was certainly not a commensurable increase in the amount of sickness in 1950 to account for the further increase nor were there appreciably more calls for the immediate removal to hospital of patients seriously ill from disease or injury. As in the previous year once again the increase was in the main connected with the out-patient department traffic. In practice a heavy out-patient department traffic means the routing of ambulances over a very wide area and in consequence delay in getting patients home. Additionally it often means extra waiting time at hospitals for out-patients because of the large numbers to be carried. We must distinguish between an ambulance service and a taxi service, the one is a necessity which we must afford, the other is a convenience which we cannot. The distinction is not yet apparent to all, let us hope that it soon will be and the present misuse of the service stopped.

### Home Nursing.

The expansion last year of the home nursing service was quite exceptional. Over 7,500 home visits were made by the home nurses to patients in the district as compared with 3,000 visits in the previous year. This tremendous increase in home visitations was not due to any increase in the amount of sickness in the township, to the best of my knowledge the sickness rate last year showed no material difference from that of 1949. The sole reason for the increase was that the more the home nursing service grew the more use of it was made by the general practitioners. The home nursing service is a truly personal service for the use of the public through the family doctor and the health department is careful never to intrude in the professional relationship among patients, family doctors and home nurses. The health department is there to help but not to interfere and I believe that because this fact is appreciated the professional relationships have always been harmonious.

With the widening scope of the service more calls were received last year for the nursing of acute illnesses than were usual in the previous years. The limit of the service has by no means been reached and I fully expect the demands on the



service will steadily increase in the next few years with the scope and variety of the patients nursed ever widening. Home Nursing does not replace hospital treatment but it is complementary to it and does materially help hospital bed accommodation especially when used in conjunction with the home help scheme. Throughout the year there existed a close liaison, through the almoner service, between the hospitals in Sheffield and Barnsley and the health department, with the result that it was possible to discharge patients from hospital, particularly those recovering from operation, sooner than would have been the case if the home nursing services had not been so fully developed. The need also for some of the chronic sick being admitted to hospital was removed because of the availability of a home nurse and a suitable home help.

Nursing in the home is to be encouraged and not discouraged, hospitals are necessary for many illnesses but the aim should always be to treat a patient in his own home and only admit to hospital when adequate treatment in the home is impossible. More often than not the main stumbling block to home nursing is inadequate housing accommodation and not inadequate means of treatment and as the housing situation improves so will the emphasis on home nursing be stronger. The family doctor, with the help of a home nurse and domestic assistance, can more than cope with most illnesses and it will be for the benefit of the community if he is allowed and encouraged to do so.

### Home Help Scheme.

The expansion of the home help scheme was made possible in the middle of the year by an increase in the establishment for the division from 8 whole-time home helps, or their equivalent in part-time workers, to 13. Once again the greatest need for assistance from the scheme was found among the aged group of the population and three-quarters of the total assistance permitted was given to these people. To cover all the deserving cases the number of hours given to each household was minimal and indeed not always sufficient but such a system at least gave some help to large numbers and not just to the few.

Though the home help scheme in its enlarged form has now been in operation for three years its underlying principles and purpose are not always appreciated and yet they must be understood if the scheme is to prosper and be efficient econom-

ically. The need for a home help must be real and, equally, an applicant for assistance must show that the need cannot be met from other sources. The family is expected to help in the illness of the mother and it is hoped that near relatives and kindly neighbours will continue to rally round for I can envisage no state-aided home help scheme which could do without such assistance. It is important also to realise that the scheme is not free, though with the aged it very often is, and the household is expected to pay for the assistance given according to its means and within the scale of charges laid down by the County Council. Lastly it should be understood that the number of home helps is strictly limited, the County Council has fixed the establishment of home helps for the division and it is my duty, as divisional medical officer, not only to see they are used to the best advantage but to see that the number authorised is not exceeded. Whether the authorised establishment of home helps is sufficient for the needs of the district may be a matter of opinion but I am convinced that the success of any home help scheme depends to a very large measure on the healthy members of the population giving willing and voluntary service to those less fortunately placed.

### **Laboratory Service.**

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

### **Maternity and Child Welfare Service.**

There are two Maternity and Child Welfare Centres serving the district, one of which is situate in the Wombwell Free Library where weekly sessions are held on Tuesday afternoons and the other at the Welfare Hall, Jump, where weekly sessions are held on Monday afternoons.

At the Wombwell Centre, where 46 sessions were held, 496 children made 4406 attendances, an average of 95·7 per

session. 237 children were seen for the first time, of whom 229 were under 1 year of age. 1347 examinations were made by the doctors in the year, an average of 29.2 per session.

At the Jump Centre, where 47 sessions were held, 138 children made 1338 attendances, an average of 28.4 per session. 52 children were seen for the first time, of whom 51 were under 1 year of age. 561 examinations were made by the doctors during the year, an average of 11.9 per session.

It will be noticed that the attendances at the Wombwell Centre increased whilst those at Jump decreased due, I believe, to the re-housing of the population and the Wombwell Centre becoming more convenient to a larger number of mothers. The overall attendance figure for both centres was slightly greater than that of the previous year.

The ante-natal clinic is situate in the Free Library, Wombwell and morning and afternoon sessions are held each Thursday. 104 sessions were held during the year at which 217 patients made 1260 attendances giving an average attendance of 12.1 per session. In addition, 31 patients attended for post-natal examination. The number of women attending for ante-natal care was appreciably lower than the previous year in spite of the fact that last year there was a greater number of births. This was in part due to the larger number of mothers having their confinements in hospital, the hospital undertaking the ante-natal care, and in part to the increased use made of the general practitioner/obstetrician scheme created by the National Health Service Act.

The prevention or treatment of oral sepsis is an important part of ante-natal care. Dental caries, if untreated, may lead to toxæmia in pregnancy and unnecessary ill-health and patients attending the clinic are often asked to accept dental examination and to have whatever treatment is required. The expectant mother can elect to have the examination and treatment from a County Council dentist at the nearest dental clinic or from a private dental practitioner of her own choice. Dentists are asked to co-operate in the scheme and to give high priority to expectant mothers which they invariably do. Some expectant mothers cannot be persuaded to have dental treatment but even more regrettable too many accept and later fail to keep their appointments causing considerable inconvenience not only to the dentist but to other members of the



public awaiting dental treatment. I hope that in future years the expectant mothers of Wombwell will overcome their latent fears and give better support to a scheme which could be of so much benefit to them.

### **Premature Babies.**

The premature baby scheme, begun in August 1948, was in operation throughout the whole of the year. Each baby born prematurely came immediately under the care of a midwife specially trained in the nursing of premature infants. Once again the teamwork between the doctors and nurse was excellent and it can be said that no premature baby suffered or failed to thrive from the lack of specialised attention.

27 babies were born prematurely last year, 13 of whom were born at home and 14 in hospital. Of the 13 born at home, 11 of whom were nursed entirely at home and 2 transferred to hospital shortly after birth, 12 survived. Of the 14 premature babies born in hospital 12 survived. Considering the feebleness of premature babies at birth the high survival rate is most encouraging and speaks well for the medical and nursing care.

### **Home Visiting.**

First visits were paid by Health Visitors to 383 infants. The number of re-visits during and over the first year were 1533 and 3207 respectively. 3867 miscellaneous visits were also made, of which 1952 were in connection with the home help scheme. The total number of home visits made by the Health Visitors during the year was 8277.

### **Ultra-Violet Light Clinics.**

Two sessions are held weekly, on Mondays and Fridays. During 1950, 98 sessions were held and 1486 attendances were made. Children of all ages, from the outlying districts as well as Wombwell, attend the clinic and the treatment of each child is under the direction of the Medical Officer of the clinic throughout the whole course of treatment.

## **SANITARY CIRCUMSTANCES OF THE AREA.**

I am indebted to Mr. C. Knowles, Surveyor, for the following report dated 29th September, 1951.

### **Sewage Disposal.**

New Scarboro' Sewage Works. These Works have, during the past year, suffered severely from the effects of Mining subsidence. The damage now is very pronounced and can be readily seen. The Darfield Main Colliery are at present working under the Works and I do not know when there will be a final settlement of the strata.

Lundhill Sewage Works. I have nothing further to add with regard to these Works, except that they are still very much overworked.

### **Sewers.**

The only sewers laid during the year under review are the sewers connected with our housing programme, i.e. Wentworth Road, Jump, Site.

With regard to our general sewerage system throughout the town I am afraid that at some not too distant future the main sewers of the Disposal Works will have to be enlarged to cope with the flow of sewerage from the development of the past few years. This as you will readily appreciate will be a major operation and will have to be faced up to.

### **Housing.**

69 houses were completed during the year under review.

67 built by my Council and 2 by private enterprise.

### **Swimming Baths.**

I am indebted to Mr. G. R. Johnson, Baths Manager, for the following report on the swimming baths for the year 1950.

“Once again the Baths proved very popular during the year ended 31st March, 1951, the total number of bathers using the establishment being 79,499. Of this total 24,843 were school-children and 1562 evening class pupils all of whom received instruction in swimming and life-saving. The slipper baths were used by 3,582 bathers which figure compares very favourably with previous years.

The swimming bath water is filtered and chlorinated and with a turnover period of less than three hours the water is constantly kept at a high standard of clarity and purity.

### INFECTIOUS DISEASES.

(Notifiable Diseases (other than Tuberculosis))

	Total Cases notified	Admitted to Hospital	Deaths
Enteric Fever .....	1	1	—
Measles .....	367	1	—
Whooping Cough .....	139	2	—
Scarlet Fever .....	19	11	—
Puerperal Pyrexia .....	2	2	—
Pneumonia .....	16	2	7
Anterior Poliomyelitis (Paralytic) .....	1	1	—
Erysipelas .....	10	—	—
Meningococcal Infections .....	1	1	—
Food Poisoning .....	1	—	—
Dysentery .....	24	2	—

### Distribution in the Wards.

	S.E.	S.W.	C.	N.	H.	Total
Measles .....	37	173	54	48	57	367
Whooping Cough .....	4	67	22	17	29	139
Erysipelas .....	1	2	3	4	—	10
Scarlet Fever .....	3	8	2	4	2	19
Pneumonia .....	—	4	4	1	7	16
Meningococcal Infections .....	—	—	—	—	1	1
Acute Anterior Poliomyelitis (P) .....	—	—	—	1	—	1
Food Poisoning .....	—	1	—	—	—	1
Puerperal Pyrexia .....	—	—	1	—	1	2
Enteric Fever .....	—	—	—	—	1	1
Dysentery .....	1	15	4	1	3	24



# NOTIFICATIONS OF INFECTIOUS DISEASES IN WOMBWELL.

Year	Scarlet Fever	Diphtheria	Enteric Fever	Encephalitis Lethargica	Erysipelas	Puerperal Pyrexia	Pneumonia	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Tuberculous Diseases	Smallpox	Meningococcal Infections	Acute Poliomyelitis Paralytic	Acute Poliomyelitis Non-Paralytic	Acute Polioencephalitis Infective	Acute Polioencephalitis Post-Infectious	Whooping Cough	Measles	Dysentery
1941	26	15	—	—	12	1	61	—	12	7	—	4	—	—	—	—	159	88	—
1942	50	27	4	—	10	2	48	—	19	10	—	3	—	—	—	—	26	300	—
1943	40	15	—	—	19	—	35	2	18	6	—	4	—	—	—	—	54	197	—
1944	27	13	—	—	7	2	22	—	23	7	—	1	—	—	—	—	8	4	—
1945	41	13	—	—	7	1	18	—	18	2	—	—	—	—	—	—	104	424	—
1946	26	—	—	—	5	2	13	1	26	6	—	1	—	—	—	—	24	2	—
1947	51	—	—	—	13	1	19	—	19	2	—	1	2	—	—	—	75	158	—
1948	69	12	—	—	6	4	17	—	20	7	—	4	1	—	—	—	92	754	2
1949	30	—	—	—	5	5	32	—	24	5	—	2	1	—	1	—	43	66	—
1950	19	—	1	—	10	2	16	—	27	8	—	1	1	—	—	—	139	367	24

# INFECTIOUS DISEASES (Age Group)

	Under 1	1-3	3-5	5-10	10-15	15-25	25-45	45-65	65 and over	Age unknown
Scarlet Fever	—	2	7	7	2	—	1	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	2	—	—	—
Pneumonia	2	2	1	1	1	3	2	3	1	—
Acute Anterior Poliomyelitis	—	—	5	9	3	1	9	1	1	—
Dysentery	—	1	—	—	—	—	—	—	—	—
Meningococcal Infections	—	1	—	—	—	—	1	—	—	—
Enteric Fever	—	—	—	—	—	—	2	7	1	—
Erysipelas	—	—	—	—	—	—	—	—	1	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—
Measles	13	80	131	139	4	—	—	—	—	—
Whooping Cough	12	49	53	24	1	—	—	—	—	—

## **Diphtheria.**

I am glad to record that once again there was no instance of Diphtheria in the district last year. The immunisation statistics showed 66·9% of all children between the ages of 0—14 years were immunised with 38·9% of the children in the age group 0—4 years and 83·5% of children in the age group 5—14 years protected. It is noticeable that there is still a great disparity between the immunisation state of the younger and older children. Last year 174 children, starting their school life and who had not previously been immunised, were immunised at school and while I welcome the change of attitude by the parents towards immunisation I cannot but regret that these children were allowed to run the risk of contracting diphtheria until they reached school age. Ideally every child entering school should have been immunised in infancy so that only a refresher injection is necessary at school to keep the level of immunity, already created, high. The facilities for immunisation at Welfare Clinics and at the family doctors' surgeries are ample and I do earnestly advise all parents to take advantage of them. Diphtheria is a disease on the way out, but it can stage a come-back if the level of immunity, and particularly among the very young children, falls. The health services are ready to prevent this from happening but the final responsibility for making full use of them rests with the parents.

## **Scarlet Fever.**

The decline in incidence of Scarlet Fever, apparent for a number of years, continued last year when 19 cases were notified as against 30 in 1949 and 69 in 1948. Of the 19 patients 11 were admitted to hospital, more because of difficult home conditions than because of the severity of the illness. In general the disease was mild in character and almost entirely free from complications.

## **Whooping Cough.**

The incidence of whooping cough was higher last year with 139 cases notified as compared with 43 in 1949. The disease affected mainly the pre-school children and no deaths were reported. In the past few years, with the decline in

incidence or severity or both of the common infectious diseases, whooping cough has become the most fatal infectious disease in children under the age of 3 years. Not only does it cause more deaths in young children than any other infectious disease but it often leaves the lungs permanently damaged, through such complications as broncho pneumonia, and its effects are felt by the sufferer long after the acute stages have passed. Undoubtedly great advances have been made in the search for an ideal prophylactic against the disease but the ideal vaccine has yet to be found. I would like to state the position of whooping cough immunisation as clearly as I can because many people wonder why local health authorities do not immunise babies against the disease when such immunisation can be obtained through the family doctor and the National Health Service scheme.

A very great deal of research on whooping cough vaccine has been done in many parts of the country and many vaccine preparations have been tried. All, under rigidly controlled experimental conditions, have proved efficacious to a certain degree, with some better than others, but so far no vaccine has been discovered which has the same degree of effectiveness against whooping cough as the diphtheria prophylactics have against diphtheria. The real danger to mass immunisation schemes against a disease is to start the scheme too soon before a really effective prophylactic is available. If this were done in whooping cough and too many immunised children contracted the disease it might well prejudice the minds of parents against immunisation for many years to come and even when a really potent prophylactic was available.

I believe the day when a potent prophylactic against whooping cough will be available is not far off, in the meantime it must be left to the family doctor to immunise those children who, because of immaturity or debility, should not run the risk of contracting the disease at the same time informing the parents the immunisation may not be completely effective. Parents can help by ensuring babies and debilitated children do not come in contact with children suffering from the disease.



### **Measles.**

There was a sharp epidemic of measles in the final quarter of last year, the epidemic reaching its peak in the last week of December when 102 cases were notified and finally dying out in February, 1951. Altogether 367 cases of Measles were notified in the year as compared with 66 in 1949 which was a non-epidemic year. Though the initial symptoms were severe in some of the children affected the disease on the whole was mild in character and the incidence of complications negligible. Only one child required admission to hospital.

### **Poliomyelitis.**

There was only one case of Poliomyelitis notified during the year, in a child aged 6 years, who was admitted to hospital and eventually made a complete recovery.

### **Dysentery.**

There was a small outbreak of dysentery, of the type Sonne, mainly among the child population, during the summer months. Sonne dysentery is a common disease throughout the country at this period, and fortunately it is relatively mild in character and of short duration. It is a highly infectious disease, quickly spreads to other members of the family and is difficult to control. Often it causes more inconvenience than ill-health though young children and old people may suffer more severely. Prevention of spread of disease is mainly a matter of careful personal hygiene, and this disease, like those caused by the food poisoning organisms, illustrates the prime importance of the subject. The disease was confirmed bacteriologically in 24 instances but it is unlikely that this number represented the true incidence.

### **Enteric Fever.**

Once case of Typhoid Fever was notified last year and the patient, after a very stormy illness, made a complete recovery. The disease was undoubtedly contracted outside your district and no secondary cases occurred.

## Tuberculosis.

The incidence of Tuberculosis rose again last year when 27 new cases of Pulmonary Tuberculosis and 8 new cases of Non-Pulmonary Tuberculosis were notified. 7 deaths were due to Tuberculosis, 6 of whom were from Pulmonary Tuberculosis. The death rate from Tuberculosis was 0·37 per 1,000 estimated population, the same as for the previous year and compared with 0·36 per 1,000 estimated population for England and Wales.

The control of Tuberculosis in these days of housing shortage and overcrowding is by no means easy and I am grateful to the Council for the priority given to the re-housing of the infectious patient. The admission rate to Sanatoria last year was materially improved and allowed more patients to be effectively isolated and treated during the acute infectious stage of the disease. But the control of Tuberculosis includes the search for the hidden sources of infection as well as the effective isolation of the known sources and it is for this reason that I have strongly pressed in the past few years for the introduction of Mass Radiography into the township. Before one can deal with a problem it is essential to know the size, and like so many other problems Tuberculosis cannot efficiently be dealt with piece-meal. I am glad that final arrangements have been made for Mass Radiography in your district in 1951 and I hope that in the interest of the health of the community similar arrangements will be repeated each year.

Progress was made during the year in the protection of susceptible children who were intimate contacts of open cases of Pulmonary Tuberculosis with B.C.G. Vaccine. This scheme is still very much in its infancy but when the initial difficulties are overcome and it can be more extensively applied it will prove of real value in the prevention of the disease.



# TUBERCULOSIS—New Cases and Mortality in 1950.

Age Periods	NEW CASES				DEATHS			
	Pulmonary M      F		Non- Pulmonary M      F		Pulmonary M      F		Non- Pulmonary M      F	
0 .....	—	—	—	—	—	—	—	—
1 .....	2	—	—	—	—	—	—	—
5 .....	—	2	1	1	—	—	—	—
10 .....	2	—	1	1	—	—	1	—
15 .....	2	1	—	—	1	—	—	—
20 .....	2	4	1	1	—	—	—	—
25 .....	—	6	—	1	—	—	—	—
35 .....	4	—	—	—	1	—	—	—
45 .....	2	—	1	—	3	—	—	—
65 and up .....	—	—	—	—	1	—	—	—
TOTALS .....	14	13	4	4	6	—	1	—

## TUBERCULOSIS—New Cases and Mortality for the past 10 years.

Year	NEW CASES		DEATHS	
	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary
1941 .....	12	7	8	1
1942 .....	19	10	8	3
1943 .....	18	6	11	4
1944 .....	23	7	9	—
1945 .....	18	2	7	3
1946 .....	26	6	9	1
1947 .....	19	2	8	3
1948 .....	20	7	13	1
1949 .....	24	5	7	—
1950 .....	27	8	6	1

## TUBERCULOSIS—Record of Cases during 1950.

	Pulmonary		Non- Pulmonary	
	M	F	M	F
No. of cases on register at 1st Jan. 1950 .....	59	37	10	15
No. of cases notified for first time during year .....	12	11	5	4
No. of cases restored to register .....	—	—	—	—
No. of cases added to register otherwise than by notification .....	1	2	—	—
No. removed to other districts .....	—	—	—	—
No. cured or otherwise removed from register .....	1	1	1	1
No. died .....	7	—	—	—
Total at end of 1950 .....	64	49	14	18

# URBAN DISTRICT COUNCIL OF WOMBWELL

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## *Report of the* **CHIEF SANITARY INSPECTOR AND** **CLEANSING SUPERINTENDENT** *for 1950.*

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To the Chairman and Members of the  
Wombwell Urban District Council.

Lady and Gentlemen,

Owing to the protracted illness of Mr. Ward which culminated in his untimely death, I have been called upon to present to you this report on the Sanitary Circumstances of the District for the year 1950. In doing so, I wish to record my appreciation of the unqualified support received from the Chairman and Members of the Public Health Committee, the Medical Officer of Health, the Chief Officers of other Departments, the Clerk in the Public Health Department who throughout the year has carried out her duties with efficiency and enthusiasm and Mr. Ward whose guidance and wise counsel will ever be remembered with thankfulness by those who had the privilege to be associated with him.

### **Housing.**

This problem continues to remain uppermost in the minds of everyone, mainly because it is a contributory cause to other social evils, and though the Council are maintaining their progress in the building of houses, the demand still far exceeds the supply.

During the year 69 houses were built, 67 of them by the Council and 2 by Private Enterprise. 50 of your new houses and 7 of your pre-war houses were allocated to young people in lodgings. The remaining 17 new houses and 4 on the pre-war estates were used to re-house grossly overcrowded families. This resulted in the alleviation of 78 cases of overcrowding during the year.

The coming into operation of the Housing Act, 1949, was a further stage in the housing programme, its principal aim being to improve certain types of houses which were capable of being raised to a standard set out in the Act and which would then have a guaranteed life of at least thirty years. The effect of this would be to provide accommodation of good standard with the minimum cost to owner and tenant and to conserve building materials.

One application was made for such a grant and approved by you. Two others were given all the information and advice necessary to make application but they were not prepared to meet all the conditions specified.

### **Housing Repairs.**

The sub-standard type of house remains the greatest problem facing the Department. Some of these, mainly in congested and badly arranged areas, are worn out and unfit for human habitation. These would have been the subject of formal action under the Housing Act in normal circumstances and either demolition or re-conditioning would have been the result. However, the present acute shortage of living accommodation precludes the possibility of such positive action and Sanitary Officers continue to be confronted with the question of carrying on a policy of repairing these old properties. This cannot and does not give satisfaction to anyone.

Increasing difficulty is being experienced in getting necessary repairs done but notwithstanding this, a great amount of repair work has been effected during the year. In many cases this does not satisfy occupants and they continued loud in their demands for new houses. A detailed list of various types of Housing Repairs is found later in this report.

Further damage by mining subsidence has been sustained by properties in various parts of the town. Three houses on Wombwell Main Rows were so badly affected as to become dangerous. These were closed, reconditioned and re-occupied.

Three houses which were closed in 1947 when they became too dangerous for occupation have remained empty. Further movement has taken place and safety measures have been applied.



## HOUSING STATISTICS.

Number of dwelling houses in the district	... ..	5,328
Number of back-to-back houses included in above	...	12

### 1. Inspection of Dwelling Houses During the Year.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	... ..	1,118
(b) Number of Inspections made for the purpose		1,852
(2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	... ..	Nil
(b) Number of Inspections made for the purpose		Nil
(3) Number of dwelling houses needing further action :—		
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	13
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	... ..	995

### 2. Remedy of Defects During the Year without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	... ..	997
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### 3. Action Under Statutory Powers During the Year.

#### A. Proceedings under Sections 9, 10 and 16 Housing Act 1936 :—

(1) Number of dwelling houses in respect of which notices were served requiring repairs		None
(2) Number of dwelling houses which were rendered fit after service of formal notices :—...		
(a) By owners	... ..	None
(b) By Local Authority	... ..	None



B. Proceedings under Public Health Acts.

- |  |        |     |
|--|--------|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied | ... .. | 102 |
| (2) Number of dwelling houses in which defects were remedied after service of formal notices :—        |        |     |
| (a) By owners  | ... .. | 73  |
| (b) By Local Authority in default of owners  |        | 4   |

C. Proceedings under Sections 11 and 13 of the Housing Act 1936.

- |  |        |      |
|--|--------|------|
| (1) Number of representations, etc., made in respect of dwelling houses unfit for habitation | ... .. | None |
| (2) Number of dwelling houses in respect of which Demolition Orders were made                | ... .. | None |
| (3) Number of dwelling houses demolished in pursuance of Demolition Orders                   | ... .. | None |

D. Proceedings under Section 12 of the Housing Act, 1936.

- |   |        |      |
|---|--------|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made  | ... .. | None |
| (2) Number of separate tenements or underground rooms the Closing Orders in respect of which were determined, the tenement or room having been rendered fit | ... .. | None |

4. Housing Act, 1936 -Part IV - Overcrowding.

- |  |        |       |
|--|--------|-------|
| (a) (1) Number of dwellings overcrowded at the end of the year   | ... .. | 550   |
| (2) Number of families dwelling therein                          | ... .. | 991   |
| (3) Number of persons dwelling therein                           | ... .. | 2,804 |
| (b) Number of new cases of overcrowding reported during the year | ... .. | 158   |
| (c) (1) Number of cases of overcrowding relieved during the year | ... .. | 78    |
| (2) Number of persons concerned in such cases                    | ... .. | 428   |

## NEW HOUSES.

### 5. Number of new houses provided during the year :—

By the Local Authority—	Permanent Type	...	...	67
	Temporary Type	...	...	—
By Private Enterprise	...	...	...	2

### 6. Housing Act, 1949.

Any action in connection with Section 20 "Grants to persons other than local authorities for improvement of housing accommodation" ... .. Yes

One case in which grant was made.

## Milk Supply.

Tuberculin Tested Milk is produced on 5 farms and Accredited Milk on 3 other farms within your district. On 4 other farms raw, ungraded milk is produced but only in two cases is it retailed. It will be seen, therefore, that the major portion of milk produced on farms in the area is of a high quality.

2 samples of ungraded milk were taken under the Food and Drugs Act and submitted for analysis. They proved to be genuine. A sample taken from the same vendor by the Sanitary Inspector of Hoyland Nether Urban District Council had proved to be adulterated. The vendor was prosecuted and fined.

4 samples of ungraded milk were taken during the year and examined for keeping quality by the Methylene Blue Test. All four were satisfactory.

4 samples of milk were taken for examination for the presence of B. Tubercle. All four were negative.

## Distribution of Milk.

At the end of the year there were on the register 30 Distributors of Milk, 24 of these in general shops. The following licences were granted under the Milk (Special Designation) (Raw Milk) Regulations, 1949 and the Milk (Special Designation) (Pasteurised and Sterilised) Regulations, 1949.

Dealer's Licence authorising the use of the Special Designation—Tuberculin Tested	...	...	...	3
Dealer's Licence authorising the use of the Special Designation—Pasteurised	...	...	...	4

Dealer's Licence authorising the use of the Special Designation—Sterilised	... ..	26
Supplementary Licence authorising the use of the Special Designation—Pasteurised	... ..	3
Supplementary Licence authorising the use of the Special Designation—Sterilised	... ..	1

### **Slaughterhouses.**

There are 10 privately owned slaughterhouses within your district. These have not been used since the outbreak of war except for the occasional slaughtering of cottagers' pigs.

One slaughterhouse, the largest, is used as the receiving and distributing depot for meat sent to the local butchers' pool.

### **Food Premises, Shops & Markets.**

579 visits were made to shops and other premises where food is prepared or stored for sale and 201 visits were made to your Markets.

Small quantities of foodstuffs submitted for inspection were examined and dealt with according to circumstances. They consisted of 136 lbs. Luncheon Meat, 26 lbs. Sweetened Fat, 20 lbs. Cheese, 10 lbs. Pork Sausages, 9 lbs. Pork, 37 rabbits, and 172 tins of other foodstuffs.

### **Factories Act, 1937.**

There are on the register 68 Factories as follows :—

Factories with Mechanical Power	... ..	56
Factories without Mechanical Power	... ..	12

Included in the above are 14 bakehouses of which 281 inspections were made and 20 visits were to other factories. Informal action was taken requiring:—Cleanliness (14); reasonable temperature (1); adequate ventilation (2); sanitary conveniences (10); ineffective drainage of floors (1); and other offences against the Act (3). 30 of these defects were remedied.

### **Shops Act, 1934.**

Shopkeepers generally are aware of the Health Provisions of the Act and on the whole provide the necessary facilities as required by the Act. Informal action was taken where offences relating to the following were discovered: washing accommodation (6); and sanitary accommodation (1). Two of these matters were outstanding at the end of the year.



### **Food and Drugs Act, 1938.**

There are 27 premises registered for the sale or the manufacture for the purpose of sale of ice-cream. Manufacture is carried out at only three of these premises. The other 24 are mixed shops and are registered for the sale of pre-packed ice-cream only, which is stored in refrigerators or specially constructed containers provided by the manufacturers. 81 visits were made to these premises and all were kept in a clean condition.

### **Tents, Vans and Sheds.**

There are three of these temporary dwellings, one in a field at Mapplebeck, one in a field at Park Hill, and one at Kitroyd, Jump. The latter is still occupied by an old man who refuses to leave his caravan or remove it from the unlicensed site although a Court Order was obtained in 1941 for its removal and later a daily penalty was imposed by the court because the occupier refused to comply with the Order.

### **Verminous Premises.**

20 privately owned houses and 7 Council houses have been disinfested during the year. These figures by no means indicate the extent of vermin infestation, particularly in the older type of dwelling house.

Furniture was disinfested in 10 cases where tenants living in old property were removed to Council Houses.

### **Terminal Disinfection.**

Disinfection was carried out at 24 houses from which cases of infectious disease had been removed to hospital or treated at home.

Disinfectant is also supplied free for domestic use to all householders who apply for it.

### **Offensive Trades.**

There are no offensive trades within the Wombwell district.

### **Rodent Control.**

Two of your employees who have received training in Rodent Control have carried out this work during the year and the combined time spent on this service is about equal to one man being engaged half-time.



Particular attention is paid to sewage disposal works and refuse tips. These are surveyed regularly and treated as required. The sewers have been treated twice during the year and all allotment gardens were surveyed. Allotment holders have generally been very co-operative and where it was found necessary to carry out treatment they gave every assistance.

Any complaints received were dealt with as quickly as possible.

The following is an analysis of the work carried out during the year.

### 1. Prevalence of Rats and Mice.

Type of Property	(i)   (ii)   (iii)   (iv) Number of properties in Local Authority's Area				(v)   (vi)   (vii) Analysis of Column (iv)		
	Total	Type of Property in which infestation was			Number infested by		
		Notified by Occu- pier	Other- wise dis- covered	Record- ed (Total of (ii) & (iii))	*Rats		Mice only
					Major	Minor	
Local Authority's Property	14	—	17	17	3	7	7
Dwelling House	5217	42	36	78	—	62	16
Business Premises	314	7	—	7	—	4	3
Agricultural Property	27	—	—	—	—	.	—
Total	5572	49	53	102	3	73	26

\* Include under this heading properties infested with boths rats and mice.

2. Measures of Control.

Type of Property	No. of properties inspected	No. of inspections made	No. of notices served under Sec. 4		† Number of treatments carried out				Block treatments of properties in different occupancies under Sec. 6 (1) or by informal arrangement		
					By arrangements with occupier		Under Sect. 5 (1)				
			Treatments	Works	Rats*	Mice Only	Rats*	Mice Only	No. of Blocks	No. of separate occupancies	Sur-face
Local Authority's Property	14	32	—	—	10	7	—	—	—	—	—
Dwelling House	218	327	—	—	62	16	—	—	—	—	—
Business Premises	58	124	—	—	4	3	—	—	—	—	—
Agricultural Property	—	—	—	—	—	—	—	—	—	—	—
TOTAL	290	483	—	—	76	26	—	—	—	—	—

\* Include under this heading properties infested with both rats and mice.

† Excluding treatments included under block treatments.

Public Lavatories.

No additional buildings were erected during the year but plans were being prepared for the erection of public lavatories on Kings Road, Wombwell.

There is no doubt that the new conveniences in Cemetery Road and Park Street have been generally appreciated but there continues to be a certain amount of abuse. In addition, fittings and equipment are damaged for no apparent reason.

Closet Accommodation.

Type of Convenience	No.	Percentage
Water Closets	6208	99·18
Pail Closets	20	·31
Privy Middens	32	·51

142 new W.C.'s were constructed for new houses and 28 additional W.C.'s were provided for old property.

8 waste water closets were converted to water closets during the year. There are now no waste water closets remaining in the area.

## PUBLIC CLEANSING.

### Collection.

This is carried out entirely by the Council's own employees using four vehicles. Two 3 ton C.K. 3. Karriers each with four loaders, one 50 cwt. Guy and one 40 cwt. Karrier Bantam usually with 3 loaders each are engaged on this work. The Guy has been in service since March, 1937 and an order for a new lorry was placed during the year. Delivery was expected early in 1951.

There continues to be a shortage of labour and it is extremely difficult to obtain the right type of man for this work. Refuse in this area is of a very heavy nature due largely to the fact that most of the houses are occupied by miners who receive an allocation of home coal. There is a large amount of shale in it and the coal is consumed largely in old-fashioned, badly constructed fire-ranges which are incapable of ensuring a reasonable degree of efficiency in combustion.

We have no means of weighing the refuse without incurring considerable expense and inconvenience and the following figures, given in tons, are estimated.

During the year 3104 loads of refuse were collected as follows :—

Type of Vehicle	No. of Loads	No. of Tons	No. of W'k'ng Days	Daily Average Loads	Daily Average Weight Tons
50 cwt. Lorry (Guy)	510	1275	208	2.45	6.13
60 cwt. Lorry (Karrier)	863	2589	259	3.33	9.99
60 cwt. Lorry (Karrier)	773	2319	262	2.95	8.85
40 cwt. Lorry (Bantam)	958	1916	252	3.80	7.60

It is estimated that 3104 loads weighed 8099 tons.

The estimated weight collected per thousand premises was 1479.54 tons.

The estimated weight collected per thousand population was 431.03 tons.

The average estimated amount of refuse collected from each house during the year is 1 ton 9.58 cwts.

Disposal.

All the refuse is disposed of by controlled tipping but there is a serious shortage of covering material particularly at Brampton Road Tip.

Tipping was again carried out on the River Dove Bank during the summer months. A steel track was laid by the Dearne and Dove Internal Drainage Board over land which was frequently waterlogged in order to assist the refuse vehicles in their approach to the tip.

Local Sports Organisations were assisted in their efforts to provide a football pitch and a cricket field by the utilisation of refuse for levelling purposes.

Two infestations by crickets and one by woodlice were dealt with and the breeding of flies was prevented as much as possible by regular treatment with insecticides.

Fires were started on two of the tips by unknown persons and necessitated the diversion of labour from the collection service.

The refuse was disposed of as follows :—

Place	No. of Loads	Percentage
Brampton	1701	54·80
Kitroyd, Jump	473	15·25
River Dove Bank	728	23·46
Greenland	28	·90
Park	99	3·19
Sports Fields	75	2·40

Cleansing Costs.

	Collection			Disposal			Total		
	£	s.	d.	£	s.	d.	£	s.	d.
Cost per estimated ton		12	4		2	5		14	9
Cost per 1,000 population	266	5	2	51	14	7	317	19	9
Cost per 1,000 premises	913	19	2	177	11	4	1091	10	6
Gross Costs	6122	0	0	1014	0	0	7136	0	0
Income	1119	0	0	42	0	0	1161	0	0
NET COSTS	5003	0	0	972	0	0	5975	0	0

The rate required for Public Cleansing (Street Cleansing excluded) was 1s. 11·44d.



## Trade Refuse.

The Council has arrangements to remove trade refuse from 16 different premises. Some trade refuse is removed free of charge on account of its salvage value. ,

## Sanitary Inspection of District.

A total of 1,156 inspections were made to investigate nuisances and 864 revisits were recorded.

1088 informal notices were served in connection with the above and 938 were complied with. 150 relating to 150 nuisances were carried forward.

The following defects were remedied after the service of informal or formal notices, or after interview with persons concerned.

## Repairs to Houses.

Made dry—Roof	...	...	...	...	...	...	...	127
Made dry—Spouting	...	...	...	...	...	...	...	99
Made dry—Pointing or Structural Plaster	...	...	...	...	...	...	...	94
Plasterwork Repaired	...	...	...	...	...	...	...	171
Floors repaired	...	...	...	...	...	...	...	49
Window frames repaired or renewed	...	...	...	...	...	...	...	67
Door frames and doors repaired or renewed	...	...	...	...	...	...	...	44
Fire-ranges repaired or renewed	...	...	...	...	...	...	...	82
Fire-backs repaired or renewed	...	...	...	...	...	...	...	31
Coppers re-set or renewed	...	...	...	...	...	...	...	26
Copper firegrates renewed	...	...	...	...	...	...	...	10
Sinks renewed	...	...	...	...	...	...	...	78
Sash cords renewed	...	...	...	...	...	...	...	42
Chimneys repaired	...	...	...	...	...	...	...	38
Handrails fixed	...	...	...	...	...	...	...	3

## Drainage.

Drains reconstructed, repaired or opened out	...	45
Sink waste pipes repaired or renewed	... ..	99
Inspection Chamber Covers renewed	... ..	15
Sink Gullies renewed	... ..	11
Vent shafts provided or repaired	... ..	6
Inspection Chambers constructed	... ..	4

## Sanitary Accommodation.

Water closet Fittings repaired or renewed	... ..	126
Water Service Pipes repaired	... ..	115
Water Closet Structural repairs	... ..	65
Dust Bins renewed or provided	... ..	210
Cleansing of Dirty Sanitary Conveniences	... ..	7
Additional Sanitary Accommodation	... ..	28

## Miscellaneous.

Yards Paved or Pavements renewed	... ..	25
Larger Diameter Water Services installed	... ..	57
Steps repaired	... ..	6
Accumulations of Refuse cleared	... ..	3
Boundary and Screen walls rebuilt	... ..	3
Water Services repaired	... ..	11
Verminous houses cleansed	... ..	37
Permanent Ventilation provided	... ..	2
Animals kept so as to be a nuisance	... ..	6
Sundry	... ..	15

Referred to Other Departments :

Water Board: 42.

Surveyor: 45.

163 of the above matters were dealt with by statutory notices where owners or persons concerned failed within a reasonable time to abate nuisances or to execute works required.

102 of these notices were served under the Public Health Act, 1936, 62 relating to nuisances, 18 to sanitary accommodation, 12 to the provision of drainage, 8 to paving and drainage and 2 to the provision of refuse bins.

77 of these notices had been complied with at the end of the year. In 6 cases it was necessary to resort to Court action. As a result the notices were complied with immediately.

61 notices relating to inadequate water supply were served under the Public Health Act and the Water Act, 1945.

### Salvage Reclamation.

The income derived from salvage during the year ended 31st March, 1951, was £1,154/14/1d. The following is a list of articles salvaged along with the amounts received from the same.

Salvage		Tons	Cwts.	Qrs.	Lbs.		£	s.	d.
Waste Paper	...	132	13	1	0	...	1,000	13	11
Textiles	... ..	6	8	1	18	...	117	2	11
Ferrous Metals	...	2	10	0	0	...	10	11	0
"Cullet"	... ..	5	15	0	0	...	10	1	3
Bonus—Thames Board Mills				...	...	...	16	5	0

The total weight of salvage was 147 tons. 6 cwts. 2 qrs.

A number of stock feeders regularly collect Kitchen Waste from Canteens, Fish Frying and other food preparing premises.

The prices for waste paper remained low until October when increases ranging from 62½% for newsprint to 30% for mixed papers were offered. These increases followed the growing demand for waste paper.

In the eleven years since the department commenced the salvage of waste paper in 1940, to the end of the Financial Year, March, 1951, 1,104 tons of waste paper have been collected. The income derived from the sale of this waste paper amounted to £6,931.

Your obedient servant,

J. FINNEY,

Sanitary Inspector.











